

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008418

FILED
Mar 12, 2009
Secretary of State

Entity Name: THE SHORES CONDOMINIUM NO. 1 ASSOCIATION, INC.

Current Principal Place of Business:

13055 SW 42ND STREET
SUITE 203
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

13055 SW 42ND STREET
SUITE 203
MIAMI, FL 33175

New Mailing Address:

FEI Number: 20-3321067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW, & LEVINE P.A.
1900 N. COMMERCE PKWY.
WESTON, FL 33326 US

Name and Address of New Registered Agent:

SIEGFRIED RIVERA LERNER
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARIA V. ARIAS

03/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AUGUSTE, DARYL
Address: 9259 SW 227 ST. #2
City-St-Zip: CUTLER BOY, FL 33190

Title: VP () Delete
Name: ALVAREZ, JOAQUIN
Address: 10031 SW 3 STREET
City-St-Zip: MIAMI, FL 33174

Title: S () Delete
Name: GOMEZ, MIJAIL
Address: 9303 SW 227 STREET #1
City-St-Zip: CUTLER BAY, FL 33190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AUGUSTE, DARYL
Address: 9249 SW 227 STREET, # 2
City-St-Zip: CUTLER BAY, FL 33190

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GOMEZ, MIJAIL
Address: 9303 SW 227 STREET, # 1
City-St-Zip: CUTLER BAY, FL 33190

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARYL AUGUSTE

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date